07168

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.	STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print)	(First) JOSEPHINE	(Middle) V. ALLNUTT	(Last)	4. DATE OF DEATH	(Month) July (Day) 15, (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 16, 1859	9. AGE last birthday 92 yrs.	If under 1 year Months 1 Days 29 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Rockville, Md.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Edward C. Viers	14. MOTHER'S MAIDEN NAME Sarah Riley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Irlene Allnutt- Rockville, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	Gradual
94a	(c) Old age	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to July 15, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 8.50 A. m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum, M.D. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 7/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/17/51	NAME OF CEMETERY OR CREMATORY Rockville Union	LOCATION (City, town, or county) (State) Rockville, Md.
DATE REC'D BY LOCAL REG. 7-16-51	REGISTRAR'S SIGNATURE Helen L. Eckenfelder	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-115

RECEIVED
JUL 17 1951
BUREAU N. B.

07169

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 4 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9832 Capitol View Ave.	STREET ADDRESS (If rural, give location) 9832 Capitol View Ave.

3. NAME OF DECEASED (Type or Print) (First) Anzly (Middle) C (Last) Anderson			4. DATE OF DEATH (Month) July (Day) 9 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1878	9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Reevesville, S. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William P. Appleby			14. MOTHER'S MAIDEN NAME Anzey Larisey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS 9832 Capitol View Ave Mrs. Flora E. Tillson, Silver Spring, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Disease — Failure — 2 mo.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — 3 mo.

93d (c) Arthritis — severe pain & Anorexia — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1951, to July 9, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 4:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Rogers, M.D. — 1087 Seminary Rd. Silver Spring, Md. — July 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial	DATE THEREOF 7/12/51	NAME OF CEMETERY OR CREMATORY Bethany Cemetery	LOCATION (City, town, or county) (State) Charleston, South Carolina
DATE REC'D BY LOCAL REG. July 10/51	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner C. Humphrey	ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
JUL 12 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07170

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. AID T

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (in this place) 4yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg.
STREET ADDRESS (If rural, give location) "d

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Barnes
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 4/1875
9. AGE last birthday: 75 yrs. If under 1 year: Months 8 Days 17 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Vale Summitt, Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James L. Davis
14. MOTHER'S MAIDEN NAME: Minnie Wagus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Asbury Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 7 mo

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 7

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. organic dementia, high-arterial tension

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1950, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller M.D. 7-Brookside, Gaithersburg Md 7-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7/23/51 | NAME OF CEMETERY OR CREMATORY: Allegheny Cemetery | LOCATION (City, town, or county) Frostburg. Md, (State)

DATE REC'D BY LOCAL REG. July 21, 1951 | REGISTRAR'S SIGNATURE Rhoda L Cook

24. FUNERAL DIRECTOR: Hafer Funeral Home. ADDRESS: Frostburg, Md

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07171

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sil Spring
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hortense (Middle) — (Last) Bostain

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 17-1868
9. AGE last birthday 82 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rosello
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Lung	2 yrs
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Left Breast	?
50	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis (Paranoid)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1944, to 7/24, 1951, that I last saw the deceased alive on 7/23, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau (Degree or title) MD ADDRESS Cedarcroft Sanitarium DATE SIGNED Silver Spring Md.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-24-51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7/24/51
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Martin W. Hyman ADDRESS 1300 N.S.M. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Transported to Wm. Cook Funeral Home
Cor St Paul & Preston Sts
Baltimore, Md.

RECEIVED
JUL 28 1954
BUREAU V. S.

07172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 612 Potomac Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenmont
STREET ADDRESS (If rural, give location): Lutes Drive

3. NAME OF DECEASED (Type or Print): (First) DOROTHY ELIZABETH (Middle) BOWMAN (Last)

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8, 1922

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Silver Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John F. Raeburn

14. MOTHER'S MAIDEN NAME: Sarah Van Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ralph R. Bowman, Lutes Dr., Glenmont, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Adeno Carcinoma, Sigmoid

462 (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-13-50

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Sigmoid with Complete Obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1950, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 5 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dean N. Hardin, M.D. — ADDRESS: 113 Carroll St N.W. Wash DC — DATE SIGNED: 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 3, 1951 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Montgomery County Md.

DATE REC'D BY LOCAL REG.: 8/1/51 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
STREET ADDRESS (If rural, give location): 6409 Willston Drive

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) BROACH
4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	July 18, 1951	00 yrs.	00	00	00	59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George E. BROACH
14. MOTHER'S MAIDEN NAME: Maria M. LOPEZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Father: George E. BROACH

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Massive Atelectasis — Interval Between Onset and Death: 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (New Born 36 wks. gestation)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bilateral atelectasis of lungs, cyanosis, anuria, edema

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm., factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work [ ] Not While At work [ ]:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to July 18, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. R. MATHEWS, LTJG, MCR, USNR
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: July 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	July 19, 1951	USN Medical School	Bethesda, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19, 1951		NONE	

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RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07174

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Palm Beach
STREET ADDRESS (If rural, give location) 727 Talladega St.

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Elizabeth (Last) Brown
4. DATE OF DEATH: (Month) July (Day) 31st (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		12-14-1895	55 yrs.	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner
10b. KIND OF BUSINESS OR INDUSTRY: Bur. of Engraving
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Volney Eaton
14. MOTHER'S MAIDEN NAME: Mary Lillian Wohlfarth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: La...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemiplegia, bilateral, massive	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension, severe	10 yrs.
	(c)	

445X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia moderate in 1949

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19-, 1951, to 7-31-, 1951, that I last saw the deceased alive on 7-31-, 1951, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE Stewart Clark (Degree or title) M.D. ADDRESS 3921 Ingoman St. Wash DC DATE SIGNED 7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-3-1951	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG. 8/1/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Roberts A. Humphrey Bethesda, Md.

RECEIVED
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BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07175

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 5724 Denfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) LeRoy (Last) Brown

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 24 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days 2 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (State or foreign country): Bethesda Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E. Brown

14. MOTHER'S MAIDEN NAME: Clara L. Calli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (26 weeks ?)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

772.5
159

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1951, to 7-26, 1951, that I last saw the deceased alive on 7-25, 1951, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Celia E. Lascia, M.D. ADDRESS 5402 Conn. Ave. N.W. DATE SIGNED 7-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 31, '51 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 7/30/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Roberts A. Humphrey — ADDRESS: Bethesda, Md.

20724128128

RECEIVED
DEC 1 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The [redacted]rrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07176

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Blanford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 219 Blanford Ave.

3. NAME OF DECEASED (Type or Print) (First) EDNA (Middle) BENSON (Last) BURDETTE

4. DATE OF DEATH (Month) July (Day) 17, (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12/2/1910
9. AGE last birthday 40 yrs. If under 1 year Months 7 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Rockville, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME O.R. Benson
14. MOTHER'S MAIDEN NAME Mayme Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. yes-Unknown
17. INFORMANT AND ADDRESS J.L. Burdette- same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

94a (c) none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Circulatory asthenia — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to 17 July, 1951, that I last saw the deceased alive on 16 July, 1951, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Rockville Md DATE SIGNED 19 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/20/51
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 7-23-51
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda, Md.

RECEIVED
JUL 24 1951
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS MARYLAND LENGTH OF STAY (in this place) life	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Campbell		4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan 10. 1868
9. AGE last birthday 83 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY R. R.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Campbell		14. MOTHER'S MAIDEN NAME Maria Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs Henrietta Johnson (Daughter)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarct	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Coronary Thrombosis	1 hour
	(c) Generalized Arteriosclerosis	20 years

4 x 1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 January 1950, to 22 July, 1951, that I last saw the deceased alive on 22 July, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M. D	Barnesville, Md	22 July 51

23. BURIAL, CREMATION OR REMOVAL (Specify) Rural	DATE THEREOF 7/26/51	NAME OF CEMETERY OR CREMATORY Asbury	LOCATION (City, town, or county) (State) Germantown, Md
DATE REC'D BY LOCAL REG. 7/26/51	REGISTRAR'S SIGNATURE Alsudie G. Cook	24. FUNERAL DIRECTOR Robert L. Snowden	ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
JUL 31 1951
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; MARYLAND; LENGTH OF STAY (in this place) 3 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS near Jmuser Tavern

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George		Cann		July	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Col	married	8-30-24	26 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Balto. Md	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. Cann	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary Cann (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to bullet wound	sudden death
1916 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) From heart	
166	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Old Germantown	Monty	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Gun Shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchart	M.D.	Gaithersburg Md	7-29-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/1/51	Gaithersburg	Gaithersburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31, 1951	[illegible]	Robert L. Snowden	Rockville Md

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07179

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montg. Poolesville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
LENGTH OF STAY (in this place) 98
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poolesville Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Ellen (Last) Chiswell

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11, 23 1852
9. AGE last birthday 98 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montg. Co
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Capt. George Chiswell
14. MOTHER'S MAIDEN NAME Leah Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Carroll Chiswell, Poolesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
450	Immediate cause	(a) Excessive Heat — Heat Stroke	8 hours
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized	20 years
191		(c) Senility with mild dementia	21 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1949, to 17 July, 1951, that I last saw the deceased alive on 17 July, 1951, and that death occurred at 3.30 A.m., from the causes and on the date stated above.

SIGNATURE Gordon McSmith, M.D. (Degree or title) ADDRESS Barnesville, Md DATE SIGNED 17 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/19/51
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REG. July 18, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

RECEIVED
JUL 20 1951
BUREAU V. S.

Item 18 Film G144 7-11-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 8804 2nd Avenue

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Clark	(Last) CISSEL	4. DATE OF DEATH	(Month) July 11, (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 30, 1898	9. AGE last birthday 52 yrs.	If under 1 year Months 10 Days 11 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY - - - - - -		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME James H. CISSEL			14. MOTHER'S MAIDEN NAME Frances Il CLARK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war, or dates of service) WW I & II	16. SOCIAL SECURITY NO. - - - - - - - -		17. INFORMANT AND ADDRESS Wife: Leona Mary CISSEL		

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEPATIC COMA # XIII XV — 5 days

5 1.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis, Liver, Laennec's, with ALCOHOLISM WITH MASSIVE GASTRO-INTESTINAL HEMORRHAGE #5810 — ?

134 a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. T. Norris	F. T. NORRIS, CDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	July 11, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 13, 1951	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. July 11, 1951	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR W. E. Pumphrey Funeral Home, 8434 Georgia Avenue, Silver Spring, Maryland.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A15

RECEIVED
JUL 13 1951
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4523 Chestnut St.,

3. NAME OF DECEASED (Type or Print): (First) Winfield (Middle) Scott (Last) Clarke

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 19, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months 7 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D.

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry D. Clarke

14. MOTHER'S MAIDEN NAME: Elizabeth C. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Oscar D. Clarke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bladder

181 A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: Jan 15 1

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, Bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible] Jan, 1951, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 7-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 31, 1951

NAME OF CEMETERY OR CREMATORY: Congressional Cem.

LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG. 7/30/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
1951
BOARD V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7182

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Colesville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Flora P. Collins If U. S. Veteran, specify WAR

(a) Residence: No. Jolliffes Nursing Home St., Ward. 5312 Carolina Place, NW, Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Collins

6. DATE OF BIRTH (month, day, and year) July 17 1856

7. AGE Years 95 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

FATHER

13. NAME Jacob Beam

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Elizabeth Bowman

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs McKeon (Address) 5312 Carolina Pl. NW D.C.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Glenwood Cem Date July 20, 1951

19. UNDERTAKER Frank Teiers Sons Co (Address) 3605-14 St N W Wash D.C.

20. FILED 7/18/51, 19 Frances Fetter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day) 1951 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1949, to July 17, 1951

I last saw her alive on July 17, 1951; death is said to have occurred on the date stated above, at 6:47 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral-Vascular accident	Length of time 6 hrs
331X	

Other Contributory Causes of Importance:

Generalized arteriosclerosis	y cons

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John S. Rogers M. D.

(Address) 1009 Seminary Pl. Silver Spring, Md

7-17-51

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BUREAU V. S.
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH SPRINGBROOK
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH SPRINGBROOK
STREET ADDRESS (If rural, give location) SILVER SPRING P.O.

3. NAME OF DECEASED (Type or Print): (First) LOWE (Middle) COUNSELMAN (Last)

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 19 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: BENJAMIN COUNSELMAN

14. MOTHER'S MAIDEN NAME: LENA SHERER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 1V0

17. INFORMANT AND ADDRESS: ROY COUNSELMAN NORTH SPRINGBROOK SILVER SPRING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelonephritis — Interval Between Onset and Death: 3 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Hypertrophy

(c)

1370

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5.7.51

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy - Wash. DC

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1945, to July 27, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm J. Chesney M.D 915-19th N.W Wash DC

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 7/31/51 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEM. — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 7-29-51 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: S.H. Hines Co. — ADDRESS: 2901-14th St. N.W. Wash DC

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Takoma Park COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 331 Flower Ave

3. NAME OF DECEASED (Type or Print) (First) Elder Howard (Middle) Johnson (Last) Detwiler

4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6-17-89
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Conf. Pres.
11. BIRTHPLACE (State or foreign country) Buck's Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Reuben Detwiler
14. MOTHER'S MAIDEN NAME Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife - Mary S. Detwiler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure due to	1½ yrs
411 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic heart disease & aortic stenosis and	20-30 yrs
	(c) Arteriosclerosis & left bundle branch block and complete A V block	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19....., to 7/8/, 1951, that I last saw the deceased alive on 7/7/, 1951, and that death occurred at 1 a. m., from the causes and on the date stated above.

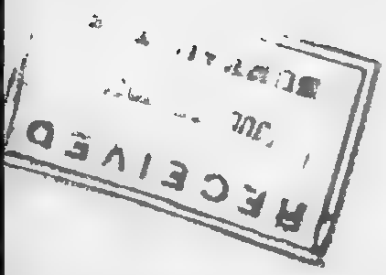
SIGNATURE Chas. H. Wolohan, (Degree or title) MD ADDRESS 500 Underwood, St NW DATE SIGNED 7/8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17, 1951
NAME OF CEMETERY OR CREMATORY Forest Lawn
LOCATION (City, town, or county) Glendale, (State) Calif.
DATE REC'D BY LOCAL REG. 7-8-51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur S. Pallery ADDRESS 254 Carroll St NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(0718.)

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1908 Rockwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 1908 Rockwood Rd

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) Elizabeth (Last) Dietle

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1891

9. AGE last Birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Suanay

14. MOTHER'S MAIDEN NAME: Elizabeth ? Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 1908 Rockwood Rd. Mr. Richard Jacob Dietle, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mod. myocardial disease	years
	(c) Mod. hypertension	years

420.1 13a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 2, 1949 to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE: John L. Rogers (Degree or title: M.D.) ADDRESS: 1009 Seminary Rd. Silver Spring, Md. DATE SIGNED: Aug. 4 1951

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial; DATE THEREOF: Aug. 6, 1951; NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery; LOCATION (City, town, or county) (State): Washington, D. C.

DATE RECD BY LOCAL REG. 8/1/51; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fire House	STREET ADDRESS (If rural give location) 13 Fayette St.

3. NAME OF DECEASED (Type or Print) (First) ETHEL	(Middle) C.	(Last) DILLARD	4. DATE OF DEATH (Month) July	(Day) 21,	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb.17,1891	9. AGE last birthday 60 yrs.	If under 1 year Months 5 Days 14 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor of Pressing	10b. KIND OF BUSINESS OR INDUSTRY Bell Laundry		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME L.S.Helbert			14. MOTHER'S MAIDEN NAME Martha A. Shomo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 226-10-6075		17. INFORMANT Mrs Helen M. Heim	Elwyn Training School Elwyn., Pa.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1/2 [illegible]

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 21 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit	DATE THEREOF 5/24/51	NAME OF CEMETERY OR CREMATORY St. Mathews Cem.	LOCATION (City, town, or county) New Market, Va. (State)
DATE REC'D BY LOCAL REG. 7-23-51	REGISTRAR'S SIGNATURE Helen S. Eckenfelder	24. FUNERAL DIRECTOR Roberta A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07187

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds R.F.D
LENGTH OF STAY (in this place): 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hermie (Middle) Irene (Last) Dillehay

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 51

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31 1888

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Heisler

14. MOTHER'S MAIDEN NAME: Luberta Richie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Earl Dillehay, Boyds, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion with myocardial infarct — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease — 6 years

(c)

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1951, to 9 July, 1951, that I last saw the deceased alive on 9 July, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Gordon McSmith (Degree or title): M.D ADDRESS: Barnesville DATE SIGNED: 10 July 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 11-51

NAME OF CEMETERY OR CREMATORY: Presbyterian

LOCATION (City, town, or county) (State): Boyds, Md

DATE REC'D BY LOCAL REG.: July 11, 1951

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wilkinson B. Wilson ADDRESS: Barnesville, Md

VS. A15

RECEIVED
JUL 13 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07188

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Late residence	STREET ADDRESS (If rural, give location) 128 Grafton Street

3. NAME OF DECEASED (Type or Print)	(First) Alexander	(Middle) M.	(Last) Douglas	4. DATE OF DEATH	(Month) July	(Day) 29	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 9, 1877	9. AGE last birthday 74 yrs.	If under 1 year Months 3	Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Golf Shop	10b. KIND OF BUSINESS OR INDUSTRY Sporting Goods	11. BIRTHPLACE (State or foreign country) Scotland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Robert Douglas	14. MOTHER'S MAIDEN NAME Christina McIntosh						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 578-07-5325	17. INFORMANT AND ADDRESS Allan Burton-Son-in-law-same as #2					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular accident	60 hrs.
Antecedent cause(s)	(b) arteriosclerosis	unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis; emphysema.

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946, to July, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 3:05 A.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George W. Lewis	M.D.	1746-K St. N.W.	29-July 51

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-31-51	Cedar Hill	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/51	Bessie [illegible]	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1 1951
BJREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8511 Milford Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 8511 Milford Av (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Thos. (Middle) J. (Last) Dugan
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 8, 1910
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY Medical
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thos. J. Dugan
14. MOTHER'S MAIDEN NAME Alice J. Shiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 578-44-1208
17. INFORMANT Mrs. Mary A. Dugan, 8511 Milford Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	2 hours
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
94a	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Neil J. Bergenfeld, M.D. (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 7/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 20, 1951
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington County (State) Va.

DATE REC'D BY LOCAL REG. 7-19-51
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 23 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 601 Gist Ave

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) none (Last) Essen
4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 3-4-76
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alfred Miessen
14. MOTHER'S MAIDEN NAME Auguste

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Marie Schwarze 8005 Barron St Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (1) (a) Primary hepatoma with metastasis to the body of the pancreas. Undetermined

155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (2) (b) Cerrhosis of the liver Undetermined

(3) (c) Cholelithiasis (over) Undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (4) Generalized arteriosclerosis Undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1950, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 7835 Eastern Ave [illegible] July 21, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24, 1951
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 7-21-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Washington D.C.
ADDRESS

(Giant O. ascites
(4). Intestinal obstruction, as result of growth of
metastases in region of pancreas.

RECEIVED
JUL 24 1951
BI. KEAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 108 St. Lawrence Drive

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) — (Last) Forrest
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11-24-1870
9. AGE last birthday 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Preston, England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Higginson
14. MOTHER'S MAIDEN NAME Mary Elizabeth Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Albert Forrest (son) 1291 Brentwood Rd. N.E. Washdc

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-3 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) Senility (2) Arteriosclerosis

7.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to 3 July, 1951, that I last saw the deceased alive on 3 July, 1951, and that death occurred at 8.15 P m., from the causes and on the date stated above.

SIGNATURE William D. Aud (Degree or title) M D
ADDRESS Silver Spring, Md
DATE SIGNED 3 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/51
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7/5/51
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS 3821-14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 9 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 925 Highland Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 925 Highland Drive

3. NAME OF DECEASED (Type or Print): (First) GENEVA (Middle) VIRGINIA (Last) FOX

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 9, 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Loudoun Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Washington J. Jenkins

14. MOTHER'S MAIDEN NAME: Mary V. Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Elmer Fox, 925 Highland Dr., S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	6 yrs
131 a	(c) Arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nephritis, chronic	15 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 April 19 51, to 24 July 19 51, that I last saw the deceased alive on 24 July, 19 51, and that death occurred at 3:11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Francis T. Coleman M.D. 1323 Kennedy St. N.W. Wash D.C. 24 July 51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 27, 1951 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery — LOCATION (City, town, or county) (State): Herndon, Virginia

DATE REC'D BY LOCAL REG.: July 25, 1951 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07193

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2717 Blaine Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4465 Greenwich Parkway, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Frank	Gaffney	July	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/7/1898	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Atty. at Law	Dept. of Justice	Boston Mass	U.S.A.

13. FATHER'S NAME: John T. Gaffney
14. MOTHER'S MAIDEN NAME: Ellen Davey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	none	Edward J. Gaffney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.		Kensington Md	7-3-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/7/51	St. Mary's	Needham

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6/51	Frances Potter	W.W. Chambers	8431 Georgia Ave. Silver Spring, Maryland

Washington, D.C.

VS. A15A

RECEIVED
JUL 9 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 19½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sam + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 2619 Franklin Street N.E.

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) Mary (Last) Gildon
4. DATE OF DEATH (Month) July (Day) 11 (Year) 1957
5. SEX Fe
6. COLOR OR RACE Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-10-79
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Orange Co. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles J. McKim
14. MOTHER'S MAIDEN NAME Jessie F. Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary ~~Infarct~~ artery Embolus	30 minutes
463X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebitis - rt femoral	3 weeks
1 b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 9 30 a.m., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne (Degree or title) M.D. ADDRESS Takoma Park Md DATE SIGNED July 11 1951

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 7-13-51 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Pr. George Co. (State) Md

DATE REC'D BY LOCAL REG. 7-11-51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4030 Ingraham Street

3. NAME OF DECEASED (Type or Print): (First) Emerson (Middle) William (Last) GILES

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar. 1, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months 04 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William E. GILES

14. MOTHER'S MAIDEN NAME: Angelina BARRABO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I & II

16. SOCIAL SECURITY No. - - - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Marian R. GILES

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 wks.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 10 yrs.
(c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to July 15, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 7:14 Am., from the causes and on the date stated above.

SIGNATURE: E. F. Lowry
(Degree or title) E. F. LOWRY, LT, MC, USN
ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED July 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 19, 1951
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 15, 1951
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: W. J. Nalley Funeral Home
ADDRESS: 3200 Rhode Island Avenue, Mt. Rainier, Maryland.

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07196

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENWOOD, CHEVY CHASE
STREET ADDRESS (If rural, give location) 208 KENNEDY DRIVE

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) (Last) GODDEN
4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 9 1886
9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARION, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES W. LEFFLER
14. MOTHER'S MAIDEN NAME: ANNA GOTTSHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: S. Eugene Godden - same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease - Pulmonary Embolus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ileo-cecal Intussusception - Gangrene of bowel

(c)

570.0

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/13/51
19b. MAJOR FINDINGS OF OPERATION: Ileo-cecal Intussusception - Gangrene found
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1951, to July 15, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE: Fred T. Sanderson (Degree or title) M.D. ADDRESS 1801 Eye St. N.W. DATE SIGNED July 15, 1951

23. BURIAL / CREMATION / REMOVAL (Specify)
DATE THEREOF: 7/18/51
NAME OF CEMETERY OR CREMATORY: Rock Creek
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 7-16-51
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR ADDRESS: JOSEPH GAWLER'S SONS, 1756 Pa. Ave. N W

RECEIVED
JUL 13 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
STREET ADDRESS (If rural, give location) R.F.D. Monrovia,

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) S (Last) Gray

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 1. 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Singleton Gray

14. MOTHER'S MAIDEN NAME: Mary Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Orie Gray Monrovia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-vascular-renal disease with hypertension.	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal uremia.	3 mos.
442 X 1210	(c) Hypertrophy of the prostate.	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulceration of rectum — 1 month

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1951, to July 5, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 2. a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McKendree Boyer M.D. ADDRESS M. McKendree Boyer, M. D., Gould Theatre Building, Damascus, Maryland. DATE SIGNED July 6, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 7 1951 — NAME OF CEMETERY OR CREMATORY Mt. Ararat — LOCATION (City, town, or county) (State) Montgomery Co. Md.

DATE REC'D BY LOCAL REG. July 7 1951 — REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md — ADDRESS

RECEIVED
JUL 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2217 Henderson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1
STREET ADDRESS (If rural, give location) Pearl ✓

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) MARGARET (Last) HALLAR
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 25 Nov 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Hamilton
14. MOTHER'S MAIDEN NAME Margaret Philips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. William Miller, ~~2217 Henderson Ave.,~~ Wheaton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive Heart disease

(c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1951, to 7/17, 1951, that I last saw the deceased alive on 7/17, 1951, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE Alfred R. Greenfield M.D (Degree or title) ADDRESS 1029 Vermont Ave N.W Wash 5, D.C. DATE SIGNED 7/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-20-51
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. July 19/51
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 19[illegible]
BUREAU [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4603 Norwood Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4603 Norwood Dr.

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) B. (Last) HANEY
4. DATE OF DEATH (Month) July (Day) 4, (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 26, 1860
9. AGE last birthday 91 yrs. If under 1 year Months 5 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Philip Brooke
14. MOTHER'S MAIDEN NAME Elizabeth Levis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Bessie Dellett - Same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	6 hrs.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced arteriosclerosis - Anemia	18 mo.
	(c) Dilatation of Heart	3 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 18 mo.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE — (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1950, to 7/4, 1951, that I last saw the deceased alive on 6/26, 1951, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE Frank G. Jaggers Jr. (Degree or title) M.D. ADDRESS 5707 Wisconsin Ave. DATE SIGNED 7/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-6-1951
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 7/4/51
REGISTRAR'S SIGNATURE Bessie Mc[illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUL 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
STREET ADDRESS (If rural, give location) R.F.D. Rockville Pike

3. NAME OF DECEASED (Type or Print) (First) Ellis (Middle) Linwood (Last) Harris

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-15-1900
9. AGE last birthday 51 yrs. If under 1 year Months 0, Days 18 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Cleaner
10b. KIND OF BUSINESS OR INDUSTRY Montg. County
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph Harris
14. MOTHER'S MAIDEN NAME Josephine Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Viola K. Harris - same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

812,5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thoracic hemorrhage due to crushed chest — death

17 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures + injuries

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☒
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Rockville R.F.D. (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Struck by auto while crossing highway

22. *I certify that I took charge of the remains described above, held an Autopsy Inspection ☒ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/51
NAME OF CEMETERY OR CREMATORY Montg. Co. Potters Field
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 7/6/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUL 9 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 5 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 6516 Summit Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Festus (Last) HOWARD

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 28, 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 11 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James G. HOWARD

14. MOTHER'S MAIDEN NAME: Anna WILDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I & II

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Catherine HOWARD

18. MEDICAL CERTIFICATION: Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis c Myocardial infarction — Interval Between Onset and Death: Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 20 yrs.

420.1
74a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 19 51, to July 13, 19 51, that I last saw the deceased alive on July 13, 19 51, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. R. REYNOLDS, LTJG, MCR, USNR

ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.

DATE SIGNED: July 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 15, 1951

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 13, 1951

REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS-A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07202

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park 12, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Days

Hospital, institution, or street address where death occurred: Washington Sanatorium

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Md~~ D.C. County: ~~Montgomery Co.~~

City or town: ~~WASHINGTON~~ ~~613 Fern Place~~
(If outside city or town limits, write RURAL and give nearest town)

Street No. 613 Fern Place N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME

James William Howard

3. (b) Social Security Number: —

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Infant

6.(b) Name of husband or wife: —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 13, 1951

8. AGE: Years — Months — Days 2 — If less than one day ... hrs. ... min.

9. Birthplace: Takoma Park, Montgomery, Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: William Eugene Howard

13. Birthplace: Howard Co. Maryland

OTHER

14. Maiden name: Hazel Merry

15. Birthplace: Rockville, Maryland

16. Informant: Mother

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-16-51 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location: Wash., D.C.

18. Funeral director: W.K. Huntemann & Son

Address: 5732 Ga. Ave. N.W. Wash., D.C.

19. 7-14 1951 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-14 1951, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-13 1951, to 7-14 1951 and that I last saw him alive on 7-13 1951

Immediate cause of death: Intracranial Hemorrhage — DURATION: 1 day

Due to: Obstetrical Complications (Hand Presentation) — 1 day

Due to: 760.5

Other conditions: Prematurity

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ... Injured at work?

23. SIGNATURE: L. B. Snow MD
M. D. or other

Address: Silver Spring, Md. Date signed: 7-14-51

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07203

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9105 Alton Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9105 Alton Parkway

3. NAME OF DECEASED (Type or Print) (First) Kathleen (Middle) Alexandria (Last) Hubbard

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1951

5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mar [illegible]
8. DATE OF BIRTH May 13-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Petty
14. MOTHER'S MAIDEN NAME — Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clarence Hubbard (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	1/2 hr.
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular Heart disease	6 mo.
92d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Frank J. Boschart (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED 7-7-51

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF 7/9/51
NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATORY
LOCATION (City, town, or county) (State) SUITLAND, MD.

DATE REC'D BY LOCAL REG. July 9, 1951
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR JOSEPH GAWLER'S SONS. ADDRESS 1756 PA. AVE. NW. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 9704 Elrod Rd.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) — (Last) HUTTON.

4. DATE OF DEATH (Month) JULY (Day) 17 (Year) 1951

5. SEX Mob

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec. 19, 1873

9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy Yard

11. BIRTHPLACE (State or foreign country) ~~Scotland~~ CHICAGO, ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Hutton

14. MOTHER'S MAIDEN NAME Margaret Campbell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Moore - 9704 Elrod Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	12 hrs
Antecedent cause(s) 163X	(b) Carcinoma of Lungs	6 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1951, to July 17, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7-17-51

Sidney C. Cousins. M.D. 3921 Ingomar St. N.W. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/20/1951

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) (State) ~~[illegible]~~, Md. (Prince Geo. Co)

DATE REC'D BY LOCAL REG. 7/19/51

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Joseph Gawlers Sons, 1756 Pa. Ave. N.W.

Coroner notified + approved 7/17

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 738 51st Street, S.E.

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) INMAN

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 3, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 00 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Raymond G. INMAN

14. MOTHER'S MAIDEN NAME: Marie Eleanor ANTOSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT AND ADDRESS: Father: Raymond G. INMAN

18. MEDICAL CERTIFICATION: Same as item # 2

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Immaturity (5½ mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) uterine hemorrhage

(c)

INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

779.X
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. July 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Disposal

DATE THEREOF: July 5, 1951

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland.

DATE REC'D BY LOCAL REG.: July 5, 1951

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: NONE

VS

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JUL 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 900 Dennis Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ruth	Virginia	Jacquot	7	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	2-10-08	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berwyn, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Dingman

14. MOTHER'S MAIDEN NAME: Blanche Clear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-26-9486

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia from Kidney failure and	about 1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) gangrenous small bowel due to	10 days
	(c) Mesenteric thrombosis venous & arterial	12 days

570.2 123

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bilateral thrombophlebitis - both legs 10 yrs.

19a. DATE OF OPERATION: 7-18-51

19b. MAJOR FINDINGS OF OPERATION: Gangrenous Smal. int. Mesenteric thrombosis.

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-14-, 1951, to 7-26-, 1951, that I last saw the deceased alive on 7-25, 1951, and that death occurred at 5 30 a.m., from the causes and on the date stated above.

SIGNATURE: Rod H. Calvert (Degree or title) M.D. ADDRESS 7894 Georgia Ave., Silver Spring DATE SIGNED 7-26-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 1951	St. John's Cemetery	Forest Glen, Md.

DATE REC'D BY LOCAL REG. 7-27-51

REGISTRAR'S SIGNATURE: J. Hilton Dodd

24. FUNERAL DIRECTOR: Warner C. Pumphrey ADDRESS: Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Chevy Chase — MARYLAND: 3319 West Conquelin Trrrace
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase — LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 3319 West Conquelin Terrace

3. NAME OF DECEASED (Type or Print) (First) ELVA (Middle) TOWN (Last) JARBOE
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 12 1892
9. AGE last birthday: 58 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statitician
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov,
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William E. Town
14. MOTHER'S MAIDEN NAME: Frances Burroughs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If year, give war or dates of service): none
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mr Percy W. Jarboe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status Asthmaticus — 24 h.

241X Antecedent cause(s) (b) Chr. Bronchial asthma — 15+ yrs.

112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from 1935, 19.., to July 7, 1951, that I last saw the deceased alive on 8 30 P.M. 7/8/51, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 1746 K Street — DATE SIGNED: 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 11 1951
NAME OF CEMETERY OR CREMATORY: National Memo Park
LOCATION (City, town, or county) (State): Falls - Church Va.

DATE REC'D BY LOCAL REG.: 7/10/51
REGISTRAR'S SIGNATURE: Bessie W. Thompson

24. FUNERAL DIRECTOR — ADDRESS: J. William Lee's Sons Co.
~~300 4th Street N.E.~~
Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen'l. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1951

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 19, '51

9. AGE last birthday yrs. If under 1 year Months Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (State or foreign country) Olney, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Henry Johnson

14. MOTHER'S MAIDEN NAME Ethel Jeannette Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. - - -

17. INFORMANT AND ADDRESS Ethel Johnson, Simpsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute heart failure	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) atelectasis (congenital)	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prematurity (6 months fetus weighing 3 lbs 3 oz) — 1 week

19a. DATE OF OPERATION - - -

19b. MAJOR FINDINGS OF OPERATION - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1951, to July 25, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md. 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-27-51

NAME OF CEMETERY OR CREMATORY LoCust Chapel

LOCATION (City, town, or county) (State) Simpsonville, Md.

DATE RECD BY LOCAL REG. 7-27-51

REGISTRAR'S SIGNATURE Gertrude Xavier

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

20719199261

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7429 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melbourne
STREET ADDRESS (If rural, give location) not available

3. NAME OF DECEASED (Type or Print) (First) ELGIE (Middle) B. (Last) JOHNSON
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH April 29, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Marian Brewer
14. MOTHER'S MAIDEN NAME ? Troup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Naomi B. Iverson, 707 Takoma Ave. Tak. Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 1/2 day

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Salvation heart disease — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7.14.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17, 1951
NAME OF CEMETERY OR CREMATORY Melbourne Cemetery
LOCATION (City, town, or county) Melbourne, (State) Florida

DATE REC'D BY LOCAL REG. 7-18-51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location) 1135 Peyton Randolph Drive

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Lawrence (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 8, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 00, Days 00, If under 24 hrs.: Hours 02, Min. 43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alan P. JOHNSON

14. MOTHER'S MAIDEN NAME: Margaret CAHILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO. - - - - - - - - -

17. INFORMANT AND ADDRESS: Father: Alan P. JOHNSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure

769.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Newborn of a Diabetic mother

161 a (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) at birth; (b) ---; (c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. atelectasis

19a. DATE OF OPERATION - - - - -

19b. MAJOR FINDINGS OF OPERATION - - - - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 1:25 A m., from the causes and on the date stated above.

SIGNATURE A. G. Cannon (Degree or title) ADDRESS DATE SIGNED

A. G. CANNON, LTJG, MCR, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. July 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 11, 1951 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. July 9, 1951 — REGISTRAR'S SIGNATURE: Elsie Worthington

24. FUNERAL DIRECTOR ADDRESS: Chevy-Chase Funeral Home, 5103 Wisconsin Avenue, NW, Washington, D.C.

RECEIVED
JUL 21 1951
U. S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Country Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2121 9th N.W.

3. NAME OF DECEASED (Type or Print): (First) Mervin (Middle) (Last) Jolly
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 16, 1875
9. AGE last birthday 75 yrs. — If under 1 year: Months; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Club
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William C. Jolly
14. MOTHER'S MAIDEN NAME Mabel Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William C. Jolly

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Boschart M.D. Gaithersburg md 7-28-51

23. BURIAL, CREMATION, REMOVAL? Shipped 7/31/51
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Greensboro, N.C.

DATE RECEIVED BY LOCAL REG. 8-2-51
REGISTRAR'S SIGNATURE Helen L. Edmonston
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Sligo Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 811 Sligo Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Jacques	Jouvenal	July	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	March 27, 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stone Mason	Stone Construction Rhomberg & McCleod	Washington, D. C.	U.S.A.

13. FATHER'S NAME: Rudolph Jouvenal
14. MOTHER'S MAIDEN NAME: Margaret Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	214-03-8938	Mrs. Hannah B. Jouvenal, 811 Sligo Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosshart M.D.		Gaithersburg Md	7-30-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/2/51	St. John's Catholic Cemetery	Montgomery County	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/1/51	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5610 Greentree Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) James (Last) King

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 10, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales engineer

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James King

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Robert W. King (son) - 5705 York Lane, Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial failure — Interval between onset and death: Six months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis generalized

4-21 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 5.30 p.m., from the causes and on the date stated above.

SIGNATURE: Richard S. Morton (Degree or title) M.D. ADDRESS 546 Maple Ridge Road Bethesda Md. DATE SIGNED 7/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit
DATE THEREOF: 7/10/51
NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery
LOCATION (City, town, or county) (State): Philadelphia. Pa.

DATE REC'D BY LOCAL REG.: 7/8/51
REGISTRAR'S SIGNATURE: Bessie [illegible]
24. FUNERAL DIRECTOR: Robert A. Dunphrey
ADDRESS: Bethesda, Md.

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN MUST BE RESERVED FOR BINDING

RECEIVED
JUL 10 1951
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 5 mo 5 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 6703 Barr Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Henry (Last) KREYL

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 4, 1919

9. AGE last birthday: 32 yrs. If under 1 year: Months 06 Days 09 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Model Maker

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry KREYL

14. MOTHER'S MAIDEN NAME: Julia JANAUSKAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Elizabeth J. KREYL

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Septicemia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subphrenic Abscess, Left	3 weeks
541.0 / 11 i	(c) Duodenal Ulcer	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Small Bowel Fistula — 6 weeks

19a. DATE OF OPERATION: 27 Feb. 1951

19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 7:26 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. G. Haley — R. G. HALEY, LTJG, MCR, USNR — U.S. NAVAL HOSPITAL, BETHESDA, MD. — July 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 18, 1951 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 13, 1951 | REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 6 - mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 260 Maple ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.; STREET ADDRESS (If rural, give location) 219 - 3rd St., N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ADA		LEVY	7	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W.	Single		74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sal Levy	Rebel Hyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Benjamin Faer - 5005 - 4th St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
154X Immediate cause	(a) Toxicity & Tissue Distruction due to Ca.	Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 46d	(b) Cancer of Rectosigmoid	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Heart Failure, Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 24, 1951, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE: H. P. Mellow (Degree or title) M.D. ADDRESS 953 Haddon Drive DATE SIGNED July 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/51	Adas Israel Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/51	Thos. Dodd	V.B. Dantzenberg & Son	3501 - 14th St. N.W. Washington, D.C.

VS. A13

RECEIVED
JUL 9 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07216

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattstown — LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattstown
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) Estelle (Last) Linthicum
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 1 1856
9. AGE last birthday: 95 yrs. — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Tuscarora, Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Dutrow
14. MOTHER'S MAIDEN NAME: Elizabeth McElfresh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: John Dutrow, Linthicum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition due to senility — 2-3 yrs.

794X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

162b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐: ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Nov —, 1950, to July 4, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller, M.D. — 7 Brookville, Gaithersburg, Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: 7-6-1951
NAME OF CEMETERY OR CREMATORY: METHODIST
LOCATION (City, town, or county): HYATTSTOWN MONTG. (State): MD.
DATE REC'D BY LOCAL REG.: July 4, 1951
REGISTRAR'S SIGNATURE: Della W. Burdette
24. FUNERAL DIRECTOR: W. L. Burdette — ADDRESS: Hyattstown, Md.

RECEIVED
JUL 8 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1009 DeBuck Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach; STREET ADDRESS (If rural, give location) Randell Cliff

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Dr. (Last) Madert

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9-13-1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farm Times

11. BIRTHPLACE (State or foreign country): Washington DC.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Madert

14. MOTHER'S MAIDEN NAME: ? Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish Am War

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Robert G. Madert

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhurst	M.D.	Smithsburg md	7-24-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-30-51	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-27-51	Helen L. Eisenfelder	Robert A. Pumphrey	Bethesda, Md.

VS. A15A

RECEIVED
MAY 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07218

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cedar Grove — LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cedar Grove Rt 9
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) A (Last) MAGRUDER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 30 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delany King

14. MOTHER'S MAIDEN NAME: Mary S. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N (If year, give war or dates of service): N

16. SOCIAL SECURITY NO. —

17. INFORMANT: W Marshall Magruder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glomerular Nephritis, chronic — Interval between onset and death: 3 years

422.1 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) Arteriosclerotic cardiovascular disease — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1942, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE James P. Kerr — (Degree or title) M.D. — ADDRESS Damascus, Md. — DATE SIGNED July 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE July 26 1951 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG. July 24 51 — REGISTRAR'S SIGNATURE Della N. Burdette — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS Poolesville Md

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07219

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

LENGTH OF STAY (in this place) 4 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9409 Worthave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) Estelle (Last) Marlow

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1951

5. SEX Fe

6. COLOR OR RACE W.

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Single

8. DATE OF BIRTH Dec 11, 1892

9. AGE last birthday 58 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House ~~mfr~~ keeper

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Fairland, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard Marlow

14. MOTHER'S MAIDEN NAME Katherine Ager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Willard Marlow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus with Metastases

174x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

110 b (c)

INTERVAL BETWEEN ONSET AND DEATH 8 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr, 1951

19b. MAJOR FINDINGS OF OPERATION Metastatic Ca. in abd.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to July 6, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin M D ADDRESS Riverdale, Md DATE SIGNED July 6, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 9, 1951

NAME OF CEMETERY OR CREMATORY St Marks Church Cem

LOCATION (City, town, or county) (State) Fairland, Monty Co, Md

DATE REC'D BY LOCAL REG. July 9/51

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Arthur S Palmer ADDRESS 254 Barrell St NW Takoma Park, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07220

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Colesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. Jolliffe's Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 1511 Underwood, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	F.	McCarthy	July	2,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	3/31/1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Govt. Printing Office		Saugerties, N.Y.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luke McCarthy	Ann Shreun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		John L. McCarthy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senility

4/50.0
108

INTERVAL BETWEEN ONSET AND DEATH: 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 27, 1951, to July 2, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: Thomas J. Kelly, M.D. (Degree or title) ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 5, 1951	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 2/51	Frances Fuller	James F. Oyster Jr.	317 Penna. Ave. S.E.

RECEIVED
JUL 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07221

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A13

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Travilah | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Late residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Travilah, R.F.D.# 3
STREET ADDRESS (If rural, give location) Travilah, Maryland

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) G. (Last) McCrossin
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 17, 1868
9. AGE last birthday: 82 yrs. | If under 1 year: Months 8, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown (? Kelley)
14. MOTHER'S MAIDEN NAME: Susan Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Aubrey W. McCrossin-son-same as Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arteriosclerosis — 30 years

420.1
94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 21 July, 1951, that I last saw the deceased alive on 20 July, 1951, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE W. E. Humphrey Jr. (Degree or title) ADDRESS Rockville Md. DATE SIGNED 23 July 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 7/24/51 | NAME OF CEMETERY OR CREMATORY: Darnestown | LOCATION (City, town, or county) (State): Darnestown Maryland

DATE REC'D BY LOCAL REG. 7-23-51 | REGISTRAR'S SIGNATURE Helen L. Eckenfelder | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

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JUL 24 1951
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 21 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 617 South Filmore Street

3. NAME OF DECEASED (Type or Print) (First): Mary (Middle): (none) (Last): McKENNA
4. DATE OF DEATH (Month) (Day) (Year): July 13, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 13, 1951
9. AGE last birthday: 00 yrs. — If under 1 year: Months 00, Days 00 — If under 24 hrs.: Hours 00, Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles F. McKENNA
14. MOTHER'S MAIDEN NAME: Jeanne Elizabeth PIPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY No.: - - - - - - - -
17. INFORMANT AND ADDRESS: Father: Charles F. McKENNA

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) IMMATURITY

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURITY

159 (c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 4:55 A m., from the causes and on the date stated above.

SIGNATURE: J. M. Jones, Jr., LTJG, MC USN — (Degree or title) — ADDRESS: U.S. NAVALHOSPITAL, BETHESDA, MD. — DATE SIGNED: July 14, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 17, 1951 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 14, 1951 — REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

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RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07223

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 3 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup
STREET ADDRESS (If rural, give location): R7D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Infant Mitchell
4. DATE OF DEATH (Month) (Day) (Year): 7 31 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): infant
8. DATE OF BIRTH: 7-31-51
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 3 Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Day Mitchell
14. MOTHER'S MAIDEN NAME: Jacqueline Mary Milette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphixia in new born female

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prolapsed umbilical cord < term pregnancy

(c) Breech presentation in gravida III-mother

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 10 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emma Hughes M.D. — ADDRESS: Takoma Park, Md — DATE SIGNED: 7-31-51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 8-3-51 — NAME OF CEMETERY OR CREMATORY: Washington Sanitarium & Hosp. — LOCATION (City, town, or county): Takoma Park 12, (State) Md.
DATE REC'D BY LOCAL REG.: 8-3-51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: R.A. Hare, M.D. — ADDRESS: Washington San. & Hospital

Written permission rec'd from both parents. [signature] Medical Record Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

2 7211 406

RECEIVED
1951
U.S. J. V. S.

07224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9001 Fairview Road

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) LOUISE (Last) Morgan
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 11. 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Prince Edward Island, Canada
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John MacDonald
14. MOTHER'S MAIDEN NAME Flora Jane ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Harold R. Morgan, 9001 Fairview Rd. Sil. Sp. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs.
	(c)	

331X

13d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 2 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE Francis C. Coleman (Degree or title) M. D. ADDRESS 1323 Kennedy St. N.W. DATE SIGNED July 18, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20, 1951
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Cambridge (State) Mass.

DATE REC'D BY LOCAL REG. 7-18-51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07225

Reg. Dist. No. 215

M

1

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 1 mo 21 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1910 15th Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Henry (Last) Bankett MOULTON

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months 06 Days 17 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert H. MOULTON

14. MOTHER'S MAIDEN NAME: Rebecca (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SpAm WW I

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Blanche MOULTON

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio sclerotic heart disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Urinary retention	1 year
420.0	(c) pyelonephritis	1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1951, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE: S. R. Mills, Jr.
(Degree or title): S. R. MILLS, Jr., LTJG, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: July 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 10, 1951
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 7, 1951
REGISTRAR'S SIGNATURE: Elsie Worthington

24. FUNERAL DIRECTOR: Malvan & Schey Funeral Home
ADDRESS: 424 R St., NW, Washington, D.C.

RECEIVED
JUL 10 1951
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R Bethesda — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Rockville
STREET ADDRESS (If rural, give location): RED #4

3. NAME OF DECEASED (Type or Print) (First): SALLY (Middle): Ann (Last): NICHOLS
4. DATE OF DEATH (Month) (Day) (Year): [illegible] 19[illegible]1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH: 3/29/1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Mayhew
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: W.H. Nichols-Gen.Del.Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 11 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — ?

73d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 10.50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James F. McDonald Jr. M.D. — ADDRESS: 1726 Eye St. N.W. Washington — DATE SIGNED: 8-5-31-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/3/51
NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery
LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REG.: 8/1/51
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert [illegible] Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
AUG 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11221

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Onley

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, (DIVORCED) (Specify)

8. DATE OF BIRTH: 3 - - 68

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer - farm hand

10b. KIND OF BUSINESS OR INDUSTRY: ^

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Ernest Onley

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyonephrosis bilateral	2 weeks
	(c) Prostatic hypertrophy	1 yr.

610X
137a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4, 1951, to 7/11, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 10:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Margaret E Callan M.D. Suburban Hospital 7/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/13/51

NAME OF CEMETERY OR CREMATORY: Barnesville

LOCATION (City, town, or county) (State): Barnesville Md.

DATE REC'D BY LOCAL REG. 7-13-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Robert L. Snowden

ADDRESS: Rockville Md.

JUL 18 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Pershing Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8421 Piney Branch Court

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) L. (Last) Orgera

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ex-Director Community Chest

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph J. Orgera

14. MOTHER'S MAIDEN NAME: Rose Kohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO. 087-14-5089

17. INFORMANT: Mrs. Atha B. Orgera, 8421 Piney Branch Court Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

973.1 169 M

Immediate cause (a) Asphyxia by Carbon Monoxide Gas

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant; short

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Found dead in car with hose attached to exhaust

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Conwell M.D. (Degree or title) ADDRESS: Gaithersburg, Md. DATE SIGNED: 7-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial; DATE THEREOF: 9 July 1951; NAME OF CEMETERY OR CREMATORY: Gates of Heaven; LOCATION (City, town, or county) (State): West Chester New York

DATE REC'D BY LOCAL REG.: July 9, 1951; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Wm. E. Pumphrey; ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

VS-A15A

RECEIVED
JUL 11 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(17921)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (A15)-1

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND; CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)) OR TOWN Takoma Park; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital - Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Allegheny; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh; STREET ADDRESS (If rural, give location) 4716 Ellsworth Ave

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Cecelia (Last) Parrack.

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-22-81

9. AGE last birthday: 70 yrs. If under 1 year: Months 5 Days 26; If under 24 hrs.: Hours 15 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tunkhannock, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kinter, Mr. Jacob.

14. MOTHER'S MAIDEN NAME: Jennings, Mary Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Washington San & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of small bowel - ~~with peritonitis~~ — Interval Between Onset and Death: 18 mo.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last: (b) Partial obstruction — 2 weeks

460 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 28 1950

19b. MAJOR FINDINGS OF OPERATION: Ca of small gut - ~~with peritonitis~~ - Gut to retroperitoneal.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1950, to 7-15-, 1951, that I last saw the deceased alive on 7-18-51, 19....., and that death occurred at 3.25 m., from the causes and on the date stated above.

SIGNATURE: W. C. Coyne (Degree or title) M.D. ADDRESS: Takoma Park Md. DATE SIGNED: JUL 18 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/20/51 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 7 19 51 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

172.30

215

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (In this place) 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Wall Street	STREET ADDRESS (If rural, give location) 26 Wall Street

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle)	(Last) Pollard	4. DATE OF DEATH	(Month) 7 — (Day) 14 — (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Feb.11,1895	9. AGE last birthday 56 yrs.	If under 1 year Months 3 Days 3 — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Totally Disabled Vet.	10b. KIND OF BUSINESS OR INDUSTRY World War I		11. BIRTHPLACE (State or foreign country) Greenville, S. Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS James C. Christopher Nephew		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	[illegible]
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	[illegible]
93d	(c) [illegible]	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-17-51	NAME OF CEMETERY OR CREMATORY St. Mary's	LOCATION (City, town, or county) Rockville (State) Maryland
DATE REC'D BY LOCAL REG. 7/16/51	REGISTRAR'S SIGNATURE Helen A. Eberfeller	24. FUNERAL DIRECTOR [signature]	ADDRESS Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1951
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 mo 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Florida — COUNTY: Escambia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pensacola
STREET ADDRESS (If rural, give location): 2019 North 17th Street

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Henderson (Last) POWERS
4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 21, 1900
9. AGE last birthday: 51 yrs. — If under 1 year: Months 02, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William HENDERSON
14. MOTHER'S MAIDEN NAME: Missouri BUTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT AND ADDRESS: Husband: Daniel F. POWERS

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 24 hrs.

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epidermis [illegible] — 10

(c) cervix with general [illegible]

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE: W. L. Hall — (Degree or title) W. L. HALL, LTJG, MCR, USNR — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: July 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: July 5, 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Pensacola, Florida

DATE REC'D BY LOCAL REG.: July 5, 1951 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Deal Funeral Home, 4812 Georgia Avenue, N.W., Washington, D.C.
Deal Funeral Home R.E. Wilhelm

RECEIVED
JUL 9 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07232

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3618 Jocelyn St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Jouett (Middle) Bernard (Last) Prewitt

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1951

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-6-84
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secy Bookbinders Union
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Prewitt
14. MOTHER'S MAIDEN NAME Lulu Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis c̄ left hemiplegia cerebral arteriosclerosis — 1 dy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart dis c̄ hypertension — yrs

(c) Two previous cerebral accidents

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to July 5, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 500 Underwood St NW DATE SIGNED 7/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-9-51
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D-C

DATE REC'D BY LOCAL REG. 7-5-51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co
ADDRESS 2901 14TH ST. NW WASH. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 9 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg Md
LENGTH OF STAY (in this place) Lift Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg Md
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) E. (Last) PURDUM

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12 June 1880
9. AGE last birthday 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Own
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William W Burdette
14. MOTHER'S MAIDEN NAME Mary Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS William Purdum Clarksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Intestinal Obstruction	5 days.
153X	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Carcinomatosis	3 mo.
116 2		(c) Carcinoma of Ascending Colon	8 months.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Moderate Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to July 23, 1951, that I last saw the deceased alive on July 21, 1951 and that death occurred at 9 45 A.m., from the causes and on the date stated above.

SIGNATURE Ralph L. Nicholson, M.D. (Degree or title) ADDRESS Damascus, Maryland DATE SIGNED 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 26-1951
NAME OF CEMETERY OR CREMATORY Clarksburg Md
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. July 24/51
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Md

VS. A15

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JUL 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9223 Woodland Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9223 Woodland Road

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Nettie Linton (Last) Reid
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/22/1869
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Phillip Linton
14. MOTHER'S MAIDEN NAME: Martha Burch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. Norman Reid, 9223 Woodland Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral-Vascular Accident — 32 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

83a (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1948 to July 13, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 4:23 A.m., from the causes and on the date stated above.

SIGNATURE: John S. Rogers M.D. (Degree or title) — ADDRESS: 1004 Seminary Rd. Silver Spring Md. — DATE SIGNED: July 13 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/16/51 — NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery — LOCATION (City, town, or county): Berryville (State): Va.

DATE REC'D BY LOCAL REG.: 7-16-51 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Warren E. Tumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
OCT 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY, Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~XXXXXXX~~ M D. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chevy Chase 5612 Wis. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~XXXXXXX~~ Maryland Chevy Chase
STREET ADDRESS (If rural give location) 5612 - Wis. Ave.

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) M. (Last) Rodier
4. DATE OF DEATH (Month) July (Day) 9. (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/7 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper - Cashier
10b. KIND OF BUSINESS OR INDUSTRY American Fed. of Labor
11. BIRTHPLACE (State or foreign country) Washington D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James J. Rodier
14. MOTHER'S MAIDEN NAME Ida V. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-01-9583
17. INFORMANT Henry Rodier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage. Gastro intestinal hemorrhage — 1 day.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE — (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE C. P. Ryland (Degree or title) M.D. ADDRESS 4400-49 St NW. Washington 16 DC DATE SIGNED 7-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/11/51
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) (State) Washington, D C

DATE REC'D BY LOCAL REG. 7/9/51
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR G. M. S. H. Hines Co. ADDRESS 2901 - 14th St. N. W.

RECEIVED
JUL 12 1951
BUREAU V. S

Cause of death Film G135 8-1-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (If this place) 16 hs TO da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 1712 Abingdon Drive

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Randall (Last) ROWELL
4. DATE OF DEATH: (Month) July (Day) 23, (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1906
9. AGE last birthday: 45 yrs. If under 1 year: Months 05 Days 20 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer
10b. KIND OF BUSINESS OR INDUSTRY: US Marine Corps
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Given Name Not known ROWELL
14. MOTHER'S MAIDEN NAME: Eva RANDALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Leona ROWELL

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, left lung with generalized metastasis (8-1-51 - ams)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1950, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F. V. BERLEY, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. July 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: July 24, 1951
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: July 24, 1951
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 E. Capitol St., Washington, D. C.

VS A15

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JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9000 Kirk St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mon 7; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 9000 Kirk St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cassie		Schipper	July	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Widow	3-28-1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Holland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Wm E. Jordan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	days
(c)	

420.1 940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul J. Vincent M.D.	1st Trustee Wid.	7-7-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal Burial		Fair View Cemetery	Middletown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 9, 1951	Frances Potter	The J. H. Hines Co.	2901 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

- PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 11 1951
DIVEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9704 Columbia Blvd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Martin	SCHNOTALA	July 3, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 6, 1884	67 yrs.	00	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Officer	U.S. NAVY	Michigan	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not known	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW I	- - - - - - - - -	Wife: Philmena SCHNOTALA

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis, multiple	3 weeks
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83b	(b) Sclerosis, generalized	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

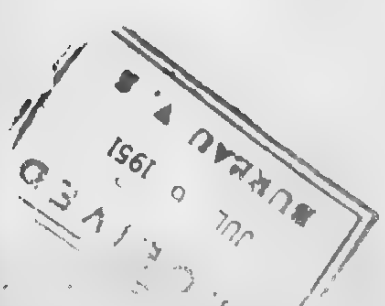
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 21, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. R. REYNOLDS	LTJG, MCR, USNR	U.S. NAVAL HOSPITAL, BETHESDA, MD.	July 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9, 1951	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 4, 1951	Edith Worthington	W. W. Chambers, 1400 Chapin Street, NW, Washington, D.C.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JUL 0 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (A15)

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2403 22nd Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) SCHWARTZ

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 12, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 04 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph N. SCHWARTZ

14. MOTHER'S MAIDEN NAME: Frances Elizabeth NASHWINTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Mother: Frances Elizabeth SCHWARTZ

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ectasia. Primary

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. GEDAROVICH, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — July 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal — DATE THEREOF: July 18, 1951 — NAME OF CEMETERY OR CREMATORY: USN MEDICAL SCHOOL — LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: July 18, 1951 — REGISTRAR'S SIGNATURE: Elsie Whittington — 24. FUNERAL DIRECTOR: NONE. — ADDRESS

207121 171301

RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(17941)

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1828 Calvert Street, NW

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) SEYMOUR
4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 20, 1951
9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 18 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Allen J. SEYMOUR
14. MOTHER'S MAIDEN NAME: Leona Hazel PIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Father: Allen J. SEYMOUR

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Subdural Hemorrhage right	13 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Intracranial Tear	18 hrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 3:54 A m., from the causes and on the date stated above.

SIGNATURE A. GUDAROVICH, LT, MC, USN (Degree or title) — ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED July 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal | DATE THEREOF: July 21, 1951 | NAME OF CEMETERY OR CREMATORY: USN Medical School | LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: July 21, 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: None — ADDRESS

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 23 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 2032 Otis Street, N.E.

3. NAME OF DECEASED (Type or Print)	(First) Willard	(Middle) Worden	(Last) SIBERT	4. DATE OF DEATH	(Month) July 10, (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 13, 1880	9. AGE last birthday 70 yrs.	If under 1 year Months 08 Days 27 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted Man	10b. KIND OF BUSINESS OR INDUSTRY U.S. Marine Corps	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME David SIBERT	14. MOTHER'S MAIDEN NAME Maria CULVERT				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpA & WW I	16. SOCIAL SECURITY No. - - - - -	17. INFORMANT AND ADDRESS Wife: Maude SIBERT			

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemopericardium due to Rupture of Myocardial Infarction	10 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Myocardial Infarction	22 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 8:59 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Flynn	J. W. FLYNN, LTJG, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	July 11, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 13, 1951	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. July 11, 1951	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR W. W. Chambers, 1400 Chapin St., NW, Washington, D. C.	ADDRESS

595 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED
JUL 13 1951
BUREAU V. R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [redacted]ct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (in this place) 3 mos + 1 d ag
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 4021 9th. st. N.W.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) (none) (Last) Solkey
4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1951

5. SEX Female
6. COLOR OR RACE Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-6-86
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maurice Rothstein
14. MOTHER'S MAIDEN NAME Rebecca Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 year?

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Uterus (Fundus) — 2 years?

48b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr 19 - 1950
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Uterus
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1951, to 7/17, 1951, that I last saw the deceased alive on 7/16, 1951, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin Jonson, M.D. 789 Fairview Silver Spring, Md. 7/17

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 7-17-51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) New York, N.Y.

DATE REC'D BY LOCAL REG. 7-17-51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Goldberg Funeral Home
ADDRESS 4217 9th NW Wash. D.C.

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #97 bet. Brookville & Sunshine, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 11,719 Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Horace	Staples Jr.	July	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3/16/17	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scientific Instrument Research	Research Co.	Washington, D. C.	USA

13. FATHER'S NAME: William Horace Staples
14. MOTHER'S MAIDEN NAME: Mabel Estelle Staples

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW II		Mr. William Horace Staples

18. MEDICAL CERTIFICATION 11,719 Ga. Ave., Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thoracic hemorrhage due to	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) rupture of heart	death
	(c) Crushed chest + multiple fractures	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway	(CITY OR TOWN) Brookville	(COUNTY) Montg	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 6, 51 10 Pm.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? auto accident		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronrait M.D.		Gaithersburg Md	7-7-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/10/51	Arlington National Cemetery	Arlington County	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-11-51	Gertrude B Fowler	Warner & Turnpaugh	8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 16 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11244

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Olney; MARYLAND; LENGTH OF STAY (in this place) 14 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carol	Ann	Stevens	July	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	July 4th 1951	yrs.			14	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Pershing Stevens	Edna Cecilia Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		—	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonitis

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH: 14½ hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother - preeclampsia, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DM 7/4, 1951, to ....., 19....., that I last saw the deceased alive on 7/4, 1951, and that death occurred at 10:25 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Sandy Spring Md DATE SIGNED: 7/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 6, 1951	Ft. Evans Cem.	Clarksville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-5-51	Gertrude B Fowler	Hebert Thompson	Ellicott City Md.

7 1/2

RECEIVED
JUL 9 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: file write the causes of death clearly and legibly.

VS. A15-1

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 616 Wayne Ave.

3. NAME OF DECEASED (Type or Print) (First) LOGA (Middle) Everett (Last) STILLE

4. DATE OF DEATH (Month) July (Day) 30th (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 19 June 1871

9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supervisor

10b. KIND OF BUSINESS OR INDUSTRY Railroad, B&O RR

11. BIRTHPLACE (State or foreign country) Greenville, N. Carolina

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME CAMOEN, STILLE

14. MOTHER'S MAIDEN NAME SARAH Hunicutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 705-07-0217

17. INFORMANT AND ADDRESS Everett S. Stille - 616 Wayne Ave Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1948, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. A. Connor, M.D. 2026-16th St. N.W. - Wash. 9, D. C. 7/30/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/1/51

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) (State) Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 7-30-51

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W. W. Chamberlin Co.

ADDRESS 1400 Eighth St N.W. Wash. D.C.

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AUG 2 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5 mo 17 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural, give location) 1463 South 28th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Andrew	SUMMERS	July 12, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 8, 1923	28 yrs.	02	04		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Enlisted Man	U.S. Navy	West Virginia	US

13. FATHER'S NAME: William SUMMERS

14. MOTHER'S MAIDEN NAME: Lula McCONKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	WW II	- - - - - - -	Wife: Clara M. SUMMERS

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple Metastases	5 Mo 17 Days
178X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, Embryonal, rt testes	9 Mo 15 Days
51C	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-2-51	Rt hemicastrectomy. Hydronephrosis due to Metastases.	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 25, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
J. S. HANTEN, CDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	July 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	July 14, 1951	Woodsdale Cemetery	Grafton, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 13, 1951	Edith Whittington	Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) Just born.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pvt-in car of school nurse

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location) Oak Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	W	Taylor	July	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hr: Hours	Min
Male	Col	Single	Mar. 13, 1937	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Taylor	Annie Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Annie L. Taylor (mother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxia by drowning (accidental)	1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	2
(c)	3

E 924.8 — 18 2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Pond	(CITY OR TOWN)	(COUNTY)	(STATE)
		Colesville	Mont.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July	6	51	1:40 p.m.		Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Groschaft M.D.	Hartwood Md	7-9-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/51	Round Oak	Spencerville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-12-51	Frances Potter	Robert L. Snowden, Rockville, Md	

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 16 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 10 Jefferson

3. NAME OF DECEASED (Type or Print) (First) Lindsey (Middle) Charles (Last) Terrell
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-19-42
9. AGE last birthday 9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dimont L Terrell
14. MOTHER'S MAIDEN NAME Neva Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Post Encephalitis	7/9/51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Measles	7/3/51
	(c)	

35

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1951 to 7/13, 1951, that I last saw the deceased alive on 7/12, 1951, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE Howard Browne (Degree or title) Mt ADDRESS 7030 Carroll Ave Takoma Park DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13/1951
NAME OF CEMETERY OR CREMATORY Green Pond Cemetery
LOCATION (City, town, or county) Green Pond (State) Va.
DATE REC'D BY LOCAL REG. 7-13-51
REGISTRAR'S SIGNATURE J. Patrick Dodd
24. FUNERAL DIRECTOR Arthur L Walters ADDRESS 254 Carroll Ave Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 16 1951
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07249

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 6 Manchester Road

3. NAME OF DECEASED (Type or Print) (First) Lara (Middle) (Last) Thompson

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant

8. DATE OF BIRTH June 25, 1951

9. AGE last birthday yrs. If under 1 year Months Days 19 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Thompson

14. MOTHER'S MAIDEN NAME Antoinette McNickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Robert Thompson, 6 Manchester Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Vomitus

921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

Med (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) Frank J. Brosehart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-14-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/16/51

NAME OF CEMETERY OR CREMATORY Geo. Washington Memorial Cemetery

LOCATION (City, town, or county) Prince Geo. County (State) Md.

DATE REC'D BY LOCAL REG. 7-16-51

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner G. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (At this place) 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3420 - 16th St N.W.

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) Allison (Last) Thrush
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1957
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Matthew Allison
14. MOTHER'S MAIDEN NAME Ellen Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. E A Wm - 208 E. Wood Lp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral H[illegible] [illegible]hage — 3 [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] — 1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1957, to 31 July, 1957, that I last saw the deceased alive on 30 July, 1957, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M D ADDRESS [illegible] DATE SIGNED 31 July 51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8/2/51 NAME OF CEMETERY OR CREMATORY Mifflintown Cem LOCATION (City, town, or county) Mifflintown (State) Pa.

DATE REC'D BY LOCAL REG. 8/2/51 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S Hotines Co. ADDRESS 2901-14th St N.W. Wash D.C.

RECEIVED
AUG 3 19
DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1228 Eye Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (none) (Last) UBEL

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 5, 1874

9. AGE Last birthday: 77 yrs. If under 1 year: Months 01 Days 08 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corps

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Joseph UBEL

14. MOTHER'S MAIDEN NAME: Marie VOLMUTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - - - - - - - -

17. INFORMANT AND ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure — 2 yrs.

450.1 97 (c) Generalized arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work [ ] Not While At work [ ] | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. R. REYNOLDS, LTJG, MCR, USNR | U.S. NAVAL HOSPITAL, BETHESDA, MD. | July 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 20, 1951 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 13, 1951 | REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR | ADDRESS: Jos. Gawler's Sons, 1756 Pennsylvania Avenue, NW, Washington, D.C.

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JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 315 Plymouth Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	William	VOETH	July 13, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 2, 1882	69 yrs.	02	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Officer	U.S. Marine Corps	Kansas	US

13. FATHER'S NAME: William H. VOETH
14. MOTHER'S MAIDEN NAME: Liza J. HAMMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	WW I	- - - - - - - - -	Sister: Clarice V. HIBBS

18. MEDICAL CERTIFICATION — Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Embolism, pulmonary	2 days.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infarction, Myocardium (muscle) Infarct	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 6, 1951	Marked jaundice, distended gall bladder, small liver	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 14, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
F. V. BERLEY, CDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	July 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 18, 1951	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 13, 1951	Elsie Whittington	S. H. Hines Funeral Home, 2901 14th St., N.W., Washington, D. C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

254

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville; LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville
STREET ADDRESS (If rural, give location) R.F.D. Monrovia.

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) S. W. (Last) Walker
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 10, 1892
9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Browningsville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Walker
14. MOTHER'S MAIDEN NAME: Harriett Ann Eugenia Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Eugene Walker, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lym[illegible]-sarcoma, primary source ? 4th extension to pancreas, spleen and	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 200.1 469	(b) posterior mediastinum.	9 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute coronary occlusion — 7944

19a. DATE OF OPERATION: April 27, 1951
19b. MAJOR FINDINGS OF OPERATION: See above. Spleen and mass in posterior mediastinum removed, at [illegible]
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to July 18, 19 51, that I last saw the deceased alive on July 18, 51, 19..., and that death occurred at 7 PM m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. McAndrew Boyer, M. D. [illegible] Building, Damascus, Md. 7/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 21 1951
NAME OF CEMETERY OR CREMATORY: Bethesda
LOCATION (City, town, or county) (State): Browningsville, Md.

DATE REC'D BY LOCAL REG. 7/20/51
REGISTRAR'S SIGNATURE: Della N. Burdette
24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7254

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clagettsville, Md.; LENGTH OF STAY (in this place): 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Massachusetts; COUNTY: unknown; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quincy, Mass.; STREET ADDRESS (If rural give location): unknown

3. NAME OF DECEASED (Type or Print): (First) C. (Middle) John (Last) Wendelin

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 14, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter -Retired

10b. KIND OF BUSINESS OR INDUSTRY: Day Laborer

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Carl Erick Wendelin

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Eric Wendelin, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval between onset and death: 10 years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to July 10, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

SIGNATURE: James R. Kerr (Degree or title) M.D. ADDRESS: Damascus, Md. DATE SIGNED: July 11, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/14/51

NAME OF CEMETERY OR CREMATORY: Riverside

LOCATION (City, town, or county) (State): East Milford, N. H.

DATE REC'D BY LOCAL REG.: 7/11/51

REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR: Roy W Barber ADDRESS: Laytonsville, Md.

ROY W. BARBER

RECEIVED
JUL 13 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 7 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joleff Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Pa Pottstown~~ COUNTY Penn
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pottstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) Keith (Last) White
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 14 1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME A C White
14. MOTHER'S MAIDEN NAME Minnie Cregford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
42.1	Immediate cause	(a) Coronary occlusion	[illegible]
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	[illegible]
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to July 6, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 7 [illegible] a.m., from the causes and on the date stated above.

SIGNATURE John S. Rogers, M.D. (Degree or title) ADDRESS 1009 Seminary Rd. Silver Spring Md. DATE SIGNED July 6, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/6/51
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) Washington (State) Pa

DATE REC'D BY LOCAL REG. July 6/51
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901-14 St NW

RECEIVED
JUL 9 1951
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'25b

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Haven Rest Home 120 Albany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Louisana — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans
STREET ADDRESS (If rural, give location) 1938 General Pershing Street

3. NAME OF DECEASED (Type or Print): (First) Honorine (Middle) C (Last) Whitmore
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 28, 1858
9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Chapot
14. MOTHER'S MAIDEN NAME: Mary Marron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. Warren M. Whitmore, 703 Boston Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — Unknown

420.0

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Unknown

942

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to July 11, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE: Aaron H. Traum (Degree or title) M.D. ADDRESS 8237 Georgia Ave-Silver Spring DATE SIGNED 2nd July 11 '51

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial
DATE THEREOF: 7/11/51
NAME OF CEMETERY OR CREMATORY: Metrey Cemetery
LOCATION (City, town, or county) (State): New Orleans, La.

DATE REC'D BY LOCAL REG. 7-13-51
REGISTRAR'S SIGNATURE: J. Milton Noyd
24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Maryland

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JUL 16 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Olney MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg, Co, General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 16 Brooks Ave.

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) Virts (Last) Wiley
4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 10-1869
9. AGE last birthday 81 yrs. If under 1 year Months 9 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lovettsville. Va,
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Jacob P. Virts
14. MOTHER'S MAIDEN NAME Julia C. Frye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Carroll Wiley. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility — Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Genl — Years

(c)

450.0
97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 2 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED July 9, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7/10/51 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) (State) Lovettsville. Va.

DATE REC'D BY LOCAL REG. July 9, 1951 — REGISTRAR'S SIGNATURE Alsuda G. Cooke

24. FUNERAL DIRECTOR Ernest. C. Gartner. ADDRESS Gaithersburg Md,

RECEIVED
JUL 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6811 Westmoreland Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Cecil (Last) Wilson
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-14-99
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer - contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME wilson, WILLIAM
14. MOTHER'S MAIDEN NAME Lenora (~~unknown~~) GIFT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 577-07-5293
17. INFORMANT AND ADDRESS Hosp. Charts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	15 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, acute	2 weeks
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 21, 1951 that I last saw the deceased alive on July 21, 1951, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H B Orleans md — ADDRESS Dr H. T. Morse Takoma Park md — DATE SIGNED 7-21-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/51
NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REG. 7-23-51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07259

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 10 hrs - 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park - Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 4402 Randolph Road

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) — (Last) Wolfson

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1951

5. SEX male

6. COLOR OR RACE wt.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) infant

8. DATE OF BIRTH 7-5-51

9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours 10 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Takoma Park Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Sidney Isaac Wolfson

14. MOTHER'S MAIDEN NAME Beatrice Travatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Atelectasis	11½ hrs
7125 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Immaturity	11½ hrs
159 (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5 July, 1951, to 6 July 1951, that I last saw the deceased alive on 5 July, 1951, and that death occurred at 11 45 A.m., from the causes and on the date stated above.

SIGNATURE Charles R. Hughes, M.D. (Degree or title) ADDRESS 8237 Ga. Ave, S.S. Md. DATE SIGNED 6 July '51.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7-8-51

NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hosp.

LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REG. 7-6-51

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR R.A. Hare, M.D. - Wash. San. & Hosp. ADDRESS

Written permission rec'd from both parents W.H. Hyatt W.H. Hyatt, Med. Rec. Librarian

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RECEIVED
JUL 9 1951
U.S. BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

072650

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY ?; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hubert (Middle) (Last) Worgan

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Sept. 19. 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Mine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Boaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hubert Worgan

14. MOTHER'S MAIDEN NAME: Miriam Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph Nursing Home Records, Colesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral-Vascular accident — Interval Between Onset and Death: 12 days

331X Antecedent cause(s)

(2.n) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 19 49 to July 27, 19 51, that I last saw the deceased alive on July 24, 1951, and that death occurred at 735 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carl S. Fogus M.D. 100 Seminary Rd, Silver Spring, Md July 27 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 7-30-51 — NAME OF CEMETERY OR CREMATORY: Rhodes — LOCATION (City, town, or county): Western Port — (State): Md

DATE REC'D BY LOCAL REG. July 1951 — REGISTRAR'S SIGNATURE: Frances Porter

24. FUNERAL DIRECTOR: Joseph H. Smith & Sons Inc. — ADDRESS: 254 Harrison St. N.W. Takoma Park 12, D.C.

RECEIVED
AUG 2 1951
BUREAU V. S.

07261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Wyatt

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 7/19/51

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 7 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George D. Wyatt

14. MOTHER'S MAIDEN NAME Blanche Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis	7½ hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (36 wk gestation)	7½ hrs
	(c)	

762.5
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1951, to 7/20, 1951, that I last saw the deceased alive on 7/20, 1951, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7-22-51 NAME OF CEMETERY OR CREMATORY North Holston LOCATION (City, town, or county) Smith Co. Va (State)

DATE REC'D BY LOCAL REG. 7-20-51 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Robert A. Pumphrey - Rockville, Md. ADDRESS

20719135-5-40-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07262

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural give location) 510-24th St N.W.

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) D. (Last) Yeager
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: 6-15-07
9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Culpeper Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Yeager
14. MOTHER'S MAIDEN NAME: Lillian Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

83a (c)

INTERVAL BETWEEN ONSET AND DEATH: 9 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Emil A. Bauerfeind M.D. (Degree or title) ADDRESS: Bethesda, Md DATE SIGNED: 7/20/51

23. (BURIAL) CREMATION REMOVAL (Specify) | DATE THEREOF: 7-21-51 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 7/20/51 | REGISTRAR'S SIGNATURE: Bessie D. Thompson | 24. FUNERAL DIRECTOR: Ambrose B. Boyd | ADDRESS: 1238-20th St. N.W.

683 VM

RECEIVED
JUL 23 1951
BUREAU V. S.